

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ACCORDANCE		APPLICANT ACCORDANCE	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		3				
7		9				
8		1				
9		1				
10	1					
11	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	11					
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						